

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Mary Ann's (ARCH/EARCH)	CHAPTER 100.1
Address: 745 Puu Kala Street, Pearl City, Hawaii 96782	Inspection Date: February 4, 2021 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DOH-CHCA
STATE LICENSING
MAR 31 P2 56

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Kitchen, no menu posted.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Menu is posted in a conspicuous area by the resident side while menu in the kitchen is kept in a binder by the kitchen. Menu now is <u>posted by the representative</u>.</i></p>	<p>2-28-21</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1, diet order upon admission (09/01/20) reads, "No Concentrated Sweets." However, no evidence that the Primary Care Giver (PCG) uses a cycle menu to provide this special diet order.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>A four weeks cycle menu for NCS diet was develop to provide this special diet order.</i></p> <p style="text-align: center;"><i>I spoke with OCHA Registered Dietitian on 3-29-21 for guidance.</i></p> <p style="text-align: right;"><i>—y</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p><i>3-29-21</i></p> <p style="text-align: right;">21 MAR 31 P2 56</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (j) Resident(s) manifesting behaviors that may cause injury to self or others shall be assessed by a physician or APRN to determine least restrictive alternatives to physical restraint use, which may be used only in an emergency when necessary to protect the resident from injury to self or to others. If restraint use is determined to be required and ordered by the resident's physician or APRN, the resident and the resident's family, guardian or surrogate, and case manager shall be notified and a written consent obtained. The licensee shall maintain a written policy for restraint use outlining resident assessment processes, indications for use, monitoring and evaluation and training of licensee and substitute care givers. Renewal orders for restraint use shall be obtained on a weekly basis from the resident's physician or APRN based on the assessment, monitoring and evaluation data presented by the primary care giver.</p> <p><u>FINDINGS</u> Resident #1, full side rails used to prevent falls. However, no evidence of a Restraint Policy.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>obtained a Restraint Policy for my carehome and filed it in my binder.</i></p>	<p style="text-align: center;"><i>3/4/21</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(9) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Provide ongoing evaluation and monitoring of the expanded ARCH resident's status, care giver's skills, competency and quality of services being provided;</p> <p><u>FINDINGS</u> Resident #1, Case Manager makes monthly visits. However no evidence of the following in the monthly notes or plan:</p> <ol style="list-style-type: none"> 1. No documentation in the progress notes that the primary care giver provided a special diet order. 2. No evidence of blood glucose test rotation sites. 3. Documented blood glucose readings during 2021 (January and February) no not match the blood glucose reading recorded in the glucometer. 	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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1. From here forward, the R.N. case manager (for all expanded clients) will initiate a nutrition care plan if the resident has a special diet, and the care plan will specify the M.D. order regarding the special diet. Upon R.N. monthly visits, the R.N. will review the care plan and make updates to the diet order as needed.
2. From here forward, all diabetic clients, that have an order for blood glucose checks, will be required to use a diabetic flow sheet. The flow sheet will include the blood glucose results as ordered by the M.D, the medication administered by injection (if ordered) and the site of the injection. This flowsheet will be reviewed by the RNCM each month at the scheduled visits.
3. From here forward, the care home operator will transcribe the blood glucose results (from the glucometer to the flowsheet) as soon as the test is completed and the injection has been given, and the RNCM will do a spot check at the monthly visit to ensure that the CHO is transcribing the results correctly. This will include reviewing the glucometer readings and the flowsheet documentation.

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Licensee's/Administrator's Signature: *MaryAnn Ford*

Print Name: MARYANN FORD

Date: 3-29-2021

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STATE OF HAWAII
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STATE LICENSING

Licensee's/Administrator's Signature: Shyrral

Print Name: MARYANN FORD

Date: 3/1/2021